SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Officer Barber Kilby Correctional Facility P.O. Box 150 Mt. Meigs, AL 36057	A. Signature X
2. Article Number	0001 2962 0242 Return Receipt

3811. February 2004

Case 2:07-cv-00210-MHT-SRW	DOCUMENTAL SECTION OF PERVEY 2007 Page 2 of 8
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. Article Addressed to:	A. Signature Addressee Addressee Addressee
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2. Article Number 7005	4. Restricted Delivery 1160 0001 2962 0235 Domestic Return Receipt 102595-02-M-1540 ;

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature A. Signature A. Signature B. Beceived by (Printed Name) D. Is delivery address different from item 1? If YES, enter delivery address below: A. Signature C. Date of Delivery 3-12-0 If YES, enter delivery address below: A. Signature D. Is delivery address different from item 1? A. Signature D. Is delivery address different from item 1? A. Signature D. No Item 1.
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or on the north	11 2:0700
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DC Form 3811. February 2004

Domestic Return Receipt

Case Case Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Article Addressed to:	A. Signature A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No A:01CV A:00CV A:00
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item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	B Received by (Printed Name) 3-7207 BY ICE PAIN 19 PA
Cptn. Bolling Kilby Correctional Facility P.O. Box 150 Mt. Meigs, AL 36057	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Service Type Express Mail C.O.D. Express Mail C.O.D. Yes
2. Article Number 7 🗍 🗎 5 (Transfer from service label)	11160 0001 2962 0198 nestic Return Receipt

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Kilby Correctional Facility P.O. Box 150 Mt. Meigs, AL 36057	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)

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PS Form 3811, February 2004

Domestic Return Receipt

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